

**Withhold Measures**

Measure	Measure Name	Description	Withhold	Domain	Source of Specifications
1	Documentation of Care Goals	Percent of Enrollees with documented discussions of care goals.	Year 1	Patient-Centered Care	CMS
2	Consumer Governance Board	Establishment of consumer advisory board or inclusion of consumers on governance board consistent with contract requirements.	Year 1	Patient-Centered Care	CMS
3	Access to Care	Percent of respondents who always or usually were able to access care quickly when they needed it.  (Getting appointments and care quickly composite)	Year 1	Access	CAHPS
4	Customer Service	Percent of best possible score the plan earned on how easy it is to get information and help when needed.	Year 1	Infrastructure	CAHPS
5	Getting Appointments and Care Quickly	Percent of best possible score the plan earned on how quickly members get appointments and care.	Year 1	Access	CAHPS
6	Encounter data	Encounter data submitted accurately and completely in compliance with contract requirements	Year 1	Infrastructure	CMS
7	Assessments	Percent of Enrollees with an in-person assessment for care planning purposes completed within 90 days of enrollment	Year 1	Infrastructure	CMS

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8	<b>Tracking of Demographic Information</b>	Determination that the Contractor can demonstrate that the ICO Centralized Enrollee Record allows recording of specific demographic data including race, ethnicity, primary language, and homelessness, in compliance with contract requirements.	Year 1	Infrastructure	MassHealth
9	<b>Timely Transmission of Transition Record</b>	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or to the health care professional designated for follow-up care within 24 hours of discharge.	Year 2 and 3	Care Coordination	AMA-PCI
10	<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. Initiation of AOD Treatment: (1) The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive Outpatient encounter or partial hospitalization within 14 days of the diagnosis. (2) Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	Year 2 and 3	Behavioral and Mental Health	HEDIS
11	<b>Follow-up After Hospitalization for Mental Illness</b>	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.	Year 2 and 3	Behavioral and Mental Health	HEDIS
12	<b>Screening for Clinical Depression and Follow-up Care</b>	Percentage of patients ages 18 years and older screened for clinical depression using a standardized tool and follow-up plan documented.	Year 2 and 3	Behavioral and Mental Health	CMS

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13	<b>Part D Medication Adherence for Oral Diabetes Medications</b>	Percent of plan members with a prescription for oral diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Year 2 and 3	Management of Chronic Conditions	CMS
14	<b>Plan All-Cause Readmissions</b>	Percent of members discharged from a hospital stay who were readmitted to a hospital within 30 days, either from the same condition as their recent hospital stay or for a different reason.	Year 2 and 3	Care Coordination	HEDIS
15	<b>Annual Flu Vaccine</b>	Percent of plan members who got a vaccine (flu shot) prior to flu season.	Year 2 and 3	Prevention and Wellness	CAHPS
16	<b>Controlling Blood Pressure</b>	Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	Year 2 and 3	Management of Chronic Conditions	HEDIS
17	<b>Quality of life measure</b>	Mental Health Recovery Measure	Year 2 and 3	Prevention and Wellness	Young and Bullock Survey

## Quality Measures

Measure	Measure Name	Description	Domain	Source of Specifications
18	Frequency of Ongoing Prenatal Care	Proportion of pregnant women with expected number of prenatal visits.	Access	HEDIS
19	Beneficiary Access and Performance Problems	To check on whether members are having problems getting access to care and to be sure that plans are following all of Medicare's rules, Medicare conducts audits and other types of reviews. Medicare gives the plan a lower score (from 0 to 100) when it finds problems. The score combines how severe the problems were, how many there were, and how much they affect plan members directly. A higher score is better, as it means Medicare found fewer problems.	Access	CMS
20	Antidepressant Medication Management	Percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment.	Behavioral and Mental Health	HEDIS
21	Unhealthy Alcohol Use: Screening and Brief Counseling	Screening and brief counseling for substance use.	Behavioral and Mental Health	AMA-PCI
22	Mental Health Utilization	Number and percentage of members receiving mental health services during the measurement year.	Behavioral and Mental Health	HEDIS
23	SNP1: Complex Case Management	The organization coordinates services for members with complex conditions and helps them access needed resources.	Care Coordination	NCQA

## Quality Measures

Measure	Measure Name	Description	Domain	Source of Specifications
24	<b>SNP 6: Coordination of Medicare and Medicaid Benefits</b>	The organization coordinates Medicare and Medicaid benefits and services for members.	Care Coordination	NCQA
25	<b>SNP 4: Care Transitions</b>	The organization manages the process of care transitions, identifies problems that could cause transitions and where possible prevents unplanned transitions.	Care Coordination	NCQA
26	<b>Medication Reconciliation After Discharge from Inpatient Facility</b>	Percent of patients 65 years or older discharged from any inpatient facility and seen within 60 days following discharge by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.	Care Coordination	HEDIS
27	<b>Discharge Follow-up</b>	Percent of members with specified timeframe between discharge to first follow-up visit.	Care Coordination	MassHealth
28	<b>Congestive Heart Failure Admission Rate (PQI 8)</b>	Percent of county population with an admission for CHF.	Care Coordination	AHRQ
29	<b>Chronic Obstructive Pulmonary Disease (PQI 5)</b>	Assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population.	Care Coordination	AHRQ
30	<b>Care for Older Adults – Medication Review</b>	Percent of plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non- prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.	Care Coordination	HEDIS
31	<b>HCAHPS</b>	27 item survey instrument that includes care coordination and CTM-3	Care Coordination	AHRQ

## Quality Measures

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32	<b>Transition Record with Specified Elements Received by Discharged Patients</b>	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other sites of care, or their caregiver(s), who received a transition record at the time of discharge including, at a minimum, all of the specified elements.	Care Coordination	AMA-PCPI
33	<b>Real Time Hospital Admission Notifications</b>	Percent of hospital admission notifications occurring within specified timeframe.	Care Coordination	MassHealth
34	<b>Reviewing Appeals Decisions</b>	How often an independent reviewer agrees with the plan's decision to deny or say no to a member's appeal.	Infrastructure	CMS
35	<b>Plan Makes Timely Decisions about Appeals</b>	Percent of plan members who got a timely response when they made a written appeal to the health plan about a decision to refuse payment or coverage.	Infrastructure	CMS
36	<b>Members Choosing to Leave the Plan</b>	The percent of plan members who chose to leave the plan in 2013.	Infrastructure	CMS
37	<b>Ensuring Physical Access to Buildings, Services and Equipment</b>	ICO has established a work plan and identified individual in its organization who is responsible for ADA compliance related to this Demonstration.	Infrastructure	MassHealth
38	<b>Complaints about the Health Plan</b>	How many complaints Medicare received about the health plan.	Infrastructure	CMS
39	<b>Ability to use Health Information Technology to Perform Care Management at Point of Care</b>	Documents the extent to which a provider uses an electronic medical record.	Infrastructure	CMS

## Quality Measures

Measure	Measure Name	Description	Domain	Source of Specifications
40	<b>Percent of High Risk Residents with Pressure Ulcers (Long Stay)</b>	Percentage of all long-stay residents in a nursing facility with an annual, quarterly, significant change or significant correction MDS assessment during the selected quarter (3-month period) who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s).	Management of Chronic Conditions	MDS
41	<b>Use of Appropriate Medications for People with Asthma</b>	Percent of members who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the year.	Management of Chronic Conditions	HEDIS
42	<b>Rheumatoid Arthritis Management</b>	Percent of plan members with Rheumatoid Arthritis who got one or more prescription(s) for an anti-rheumatic drug.	Management of Chronic Conditions	HEDIS
43	<b>Ischemic vascular disease (IVD): blood pressure</b>	The percentage of patients 18 years of age and older who were discharged alive with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the measurement year or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had BP reported as under control <140/90.	Management of Chronic Conditions	HEDIS
44	<b>Evaluation of Left Ventricular Systolic Function</b>	Percent of heart failure patients with documentation in the hospital record that left ventricular systolic function was evaluated before arrival, during hospitalization or is planned for after discharge.	Management of Chronic Conditions	AMA-PCPI
45	<b>Comprehensive Diabetes Care</b>	Percent of individuals 18-75 with diabetes (type 1 and type 2) who had required	Management	HEDIS

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		<p>monitoring and who had:</p> <ul style="list-style-type: none"> <li>• HbA1c poor control (&gt;9.0%)</li> <li>• HbA1c control (&lt;8.0%)</li> <li>• HbA1c control (&lt;7.0%) *</li> <li>• Eye exam (retinal) performed</li> <li>• LDL-C screening</li> <li>• LDL-C control (&lt;100 mg/dL)</li> <li>• Medical attention for nephropathy</li> <li>• BP control (&lt;140/90 mm Hg)</li> <li>• Smoking status and cessation advice or treatment</li> </ul>	of Chronic Conditions	
46	<b>Cardiovascular Care – Cholesterol Screening</b>	Percent of plan members with heart disease who have had a test for —bad (LDL) cholesterol within the past year.	Management of Chronic Conditions	HEDIS
47	<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</b>	Percentage of adults 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	Management of Chronic Conditions	HEDIS
48	<b>Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction</b>	Percentage of members 18 and older with a diagnosis of heart failure with a current or prior LVEF < 40, who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge.	Management of Chronic Conditions	AMA-PCPI
49	<b>Annual Monitoring for Patients on Persistent Medications</b>	Percent of members 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent.	Management of Chronic Conditions	HEDIS



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Measure	Measure Name	Description	Domain	Source of Specifications
50	Part D MPF Accuracy	The accuracy of how the Plan Finder data match the PDE data.	Part D	CMS
51	Part D Members Choosing to Leave the Plan	The percent of drug plan members who chose to leave the plan in 2013.	Part D	CMS
52	Part D Medication Adherence for Hypertension (ACEI or ARB)	Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Part D	CMS
53	Part D Medication Adherence for Cholesterol (Statins)	Percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Part D	CMS
54	Part D High Risk Medication	The percent of the drug plan members who get prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.	Part D	CMS
55	Part D Enrollment Timeliness	The percentage of enrollment requests that the plan transmits to the Medicare program within 7 days.	Part D	CMS
56	Part D Diabetes Treatment	Percentage of Medicare Part D beneficiaries who were dispensed a medication for diabetes and a medication for hypertension who were receiving an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medication which are recommended for people with diabetes.	Part D	CMS
57	Part D Complaints about the Drug	How many complaints Medicare received about the drug plan.	Part D	CMS

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Measure	Measure Name	Description	Domain	Source of Specifications
	<b>Plan</b>			
58	<b>Part D Call Center – Pharmacy Hold Time</b>	How long pharmacists wait on hold when they call the drug plan's pharmacy help desk.	Part D	CMS
59	<b>Part D Call Center – Foreign Language Interpreter and TTY/TDD Availability</b>	Percent of the time that TTY/TDD services and foreign language interpretation were available when needed by members who called the drug plan's customer service phone number.	Part D	CMS
60	<b>Part D Beneficiary Access and Performance Problems</b>	To check on whether members are having problems getting access to care and to be sure that plans are following all of Medicare's rules, Medicare conducts audits and other types of reviews. Medicare gives the plan a lower score (from 0 to 100) when it finds problems. The score combines how severe the problems were, how many there were, and how much they affect plan members directly. A higher score is better.	Part D	CMS
61	<b>Part D Appeals Upheld</b>	How often an independent reviewer agrees with the drug plan's decision to deny or say no to a member's appeal.	Part D	CMS
62	<b>Part D Appeals Auto– Forward</b>	How often the drug plan did not meet Medicare's deadlines for timely appeals decisions.	Part D	CMS
63	<b>Comprehensive Medication Review</b>	Percentage of beneficiaries who received a comprehensive medication review (CMR) out of those who were offered a CMR.	Part D	CMS
64	<b>CAHPS Medicare Advantage Health</b>	Includes:	Person-	CAHPS

## Quality Measures

Measure	Measure Name	Description	Domain	Source of Specifications
	<b>Plan Survey with Drug Plan questions and Persons with Mobility Impairment Questions</b>	<ul style="list-style-type: none"> <li>• Getting Care Quickly</li> <li>• Getting Needed Care</li> <li>• Customer Service</li> <li>• Getting Information From Drug Plan</li> <li>• Getting Needed Prescription Drugs</li> <li>• Rating of Drug Plan</li> <li>• Annual Flu Vaccine</li> <li>• Help with Transportation</li> <li>• Access to Primary Care Doctor Visits</li> <li>• Access to Specialists</li> <li>• Being Examined on the Examination table</li> <li>• Overall Rating of Plan</li> <li>• Overall Rating of Health Care Quality</li> </ul>	Centered Care	
65	<b>Wait Time for Interpreter</b>	Percent of members who need an interpreter and always wait fewer than 15 minutes for the interpreter.	Person-Centered Care	Aligning Forces for Quality
66	<b>Self-direction</b>	Percent of care coordinators that have undergone State-based training for supporting self-direction under the Demonstration.	Person-Centered Care	MassHealth
67	<b>Screening for Preferred Language</b>	Percent of members who are screened for their preferred language.	Person-Centered Care	Aligning Forces for Quality
68	<b>Individualized Care Plans</b>	Percent of members with care plans by specified timeframe.	Person-Centered Care	CMS

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Measure	Measure Name	Description	Domain	Source of Specifications
69	<b>Enrollees with LTSS Needs who have an IL- LTSS Coordinator</b>	Percent of members with LTSS needs that have an IL-LTSS Coordinator on their interdisciplinary care team.	Person-Centered Care	MassHealth
70	<b>Documented Discussion of Member Rights and Member Choices for Providers</b>	Percent of members with documented discussion of their rights and choices for providers.	Person-Centered Care	MassHealth
71	<b>Call Center – Foreign Language Interpreter and TTY/TDD Availability</b>	Percent of the time that the TTY/TDD services and foreign language interpretation were available when needed by members who called the health plan's customer service phone number.	Person-Centered Care	CMS
72	<b>Health Outcomes Survey</b>	<ul style="list-style-type: none"> <li>• Health Status/Function Status</li> <li>• Monitoring Physical Activity</li> <li>• Improving or Maintaining Mental Health</li> <li>• Reducing the Risk of Falling</li> </ul>	Prevention and Wellness	HOS
73	<b>Prenatal and Postpartum Care</b>	Percent of deliveries of live births between November 6 of the year prior to the measurement period and November 5 of the measurement year. For these women, the measure assesses facets of prenatal and postpartum care.	Prevention and Wellness	HEDIS
74	<b>Colorectal Cancer Screening</b>	Percent of plan members aged 50-75 who had appropriate screening for colon cancer.	Prevention and Wellness	HEDIS
75	<b>Cervical Cancer Screening</b>	Percent of women 21-64 who receive one or more Pap tests to screen for cervical cancer.	Prevention and Wellness	HEDIS

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76	Care for Older Adults – Pain Screening	Percent of plan members who had a pain screening or pain management plan at least once during the year.	Prevention and Wellness	HEDIS
77	Care for Older Adults – Functional Status Assessment	Percent of plan members whose doctor has done a—functional status assessment to see how well they are doing —activities of daily living (such as dressing, eating, and bathing).	Prevention and Wellness	HEDIS
78	Breast Cancer Screening	Percent of female plan members aged 40-69 who had a mammogram during the past 2 years.	Prevention and Wellness	HEDIS
79	Adult Weight Screening and Follow-up	Percentage of patients ages 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal  Parameter, a follow-up plan is documented.	Prevention and Wellness	HEDIS
80	Tobacco Use Assessment and Tobacco Cessation Intervention	Percent of patients who were queried about tobacco use one or more times during the two-year measurement period (received cessation intervention during measurement period).	Prevention and Wellness	AMA-PCI